

Application Data Sheet

**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Packaging of Solid State Devices

Attorney Docket Number:: AWP-3

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Correspondence Information**

Correspondence Customer Number:: 020808  
Phone Number:: 607-256-2000  
Fax Number:: 607-256-3628  
E-Mail address:: brown@bpmlegal.com

**Representative Information**

Representative Customer Number:: 020808

**Domestic Priority Information**

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date: |
|---------------|-------------------|----------------------|---------------------|
|               |                   |                      |                     |
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**Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee name:: Applied Pulsed Power, Inc.

Street of mailing address:: 207 Langmuir Lab

City of mailing address:: Ithaca

State or Province of mailing  
address:: New York

Country of mailing address:: USA

Postal or Zip Code of mailing  
address:: 14850

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: C.  
Family Name:: Glidden  
Name Suffix::  
City of Residence:: Freeville  
State or Province of Residence:: NY  
Country of Residence:: USA  
Street of mailing address:: 207 Langmuir Lab  
  
City of mailing address:: Ithaca  
State or Province of mailing  
Address:: New York  
Country of mailing address:: USA  
Postal or Zip Code of mailing  
Address:: 14850

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Howard  
Middle Name:: D.  
Family Name:: Sanders  
Name Suffix::  
City of Residence:: Ithaca  
State or Province of Residence:: NY  
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Street of mailing address:: 207 Langmuir Lab  
  
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